Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant

Health Care Benefits
November 16, 2006
Meeting Minutes

Attendees: Elise Bartlett, Wendy Benz, Kent Gooding, Cynthia Layne, Kim Van Pelt, Cheryl Prescott, Garell Jorden
Phone: Deborah Allen, Edith Bailey, Claire Sinay

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Welcome and Introductions	Wendy Benz	Ms. Benz welcomed committee members and introductions were made around the room.	
Review of 10-19-06 ISG Health Care Benefits Meeting Minutes	Wendy Benz	Correction to page three of the 10-19-06 Minutes, *Health Insurance Benefits Mandate by Arizona Law* will be altered from "does not" to "does". Minutes accepted by committee consensus.	
Legislative Update	Kim Van Pelt	Medicaid and SCHIP (called AHCCCS and SCHIP) were affected by the Deficit Reduction Act Citizenship Verification requirement that went into effect July 1st. The act requires all applicants to submit quite a bit of documentation to get and keep health insurance coverage. Paperwork requirements provides a hurtle for families to receive and renew coverage. One particular onerous aspect of the DRA involves immigrant (legal or undocumented) moms whose newborn births are paid for under FES (emergency Medicaid. CMS (the folks who oversee Medicaid) has issued interim rules which would cut off coverage of the newborns unless a new application is completed and documentation is provided. Currently, recipients receive one year of coverage before Medicaid is required to be renewed. AHCCCS may have to soon implement this requirement, potentially affecting coverage during the first year of life of these newborn citizens.	

		The S-Chip program is up for reauthorization in 2007. The Congressional Budget Office has flat-funded the program moving forward. Unless Congress appropriates additional money to cover medical inflation, fewer children will get coverage. The budget will be taken out of Medicaid. Congressional budget rules will likely require the additional money to come from another similar program such as Medicaid. SCHIP reauthorization has not been talked about much yet by members of Congress, in part because the program's success means that few members have had it on their radar screens. a huge success although many in Congress have not heard about it. Outreach for Kids Care and Medicaid has been a priority for Children's Action Alliance. 70% of the uninsured likely qualify for one of the two. In August an outreach effort for Kids Care began with a group of community partners. An additional 4,000 calls were received by the KidsCare hotline and an additional 2000 applications were submitted in the first month of the campaign alone. This outreach was modeled after a similar campaign in Virginia where an additional 140,000 kids were insured over a four-year time period. Another areas that CAA is working on concerns breaking down administrative barriers that affect the ability of families to obtain and renew KidsCare or AHCCCS health coverage. State requirements, such as the interview that is required to obtain and renew AHCCCS, pose needless barriers to care. This causes people to yo yo on and off of coverage. This also increases administrative costs.	
Medicaid Buy in	Wendy Benz	Wendy Benz presents a power point presentation illustrating the Medicaid buy in, the Deficit Reduction Act and opportunities to expand coverage.	
Case Study Discussions/Brainstorming	Wendy Benz/All	**Case Study #1: Health Care Transition from Juvenile Corrections System**	

		I received a call from a mom asking about affordable services for her teen who has asthma. The mom said that her teen was incarcerated for a short time, but I gather the incarceration was long enough for her state coverage to cease. Her teen was released and apparently was not medically covered by anyone at time of being released. The mom said her teen then spent a great deal of the weekend in the E.R. because her asthma was out of control. There is no set AHCCCS policy that ensures that a child being released from a detention setting does not have a gap in coverage. What AHCCCS has done is to set up procedures with specific state and county agencies with the goal of providing seamless coverage to these children. There are procedures in place for ADJC to work with AHCCCS and DES to apply for a child prior to the actual release date so that eligibility can be processed the same day as the release. We also work with some of the County Detention agencies to notify AHCCCS when a child is placed in detention. This allows the detention staff and AHCCCS to monitor the child's inmate status and to be able to retain eligibility or reinstate eligibility in certain circumstances. This allows for more seamless coverage as well as lessened burden on parents and DES offices when a child is off and on AHCCCS. These processes work well when they are used consistently. However, not all of the counties use the notification process, and those that use it, may not be reporting all of the children that are detained. In those cases, the child may lose coverage and have to be added back to the case upon release, or reapply. **Barriers** • BH and PH/DD systems (2) • Communication between state agencies • Federal restrictions-application • Time lag for approval? 45days process-apply effective for future date	

		• Parents not aware of transition needs/process **Data Needs** • Linda Skinner/Julie Swenson • How pervasive is the problem? Number of kids • ABHS-other efforts how to fix? • Health-e application **Desired Solution/Outcome** • Upon release of Juvenile Corrections child has coverage • Transitional care process from Juvenile Corrections or home (standard consistent) • Health-e tool for transition? • "Suspend" Status **Case Study #2: AHCCCS/DD ALTCS Formularies** Our family moved within Arizona, therefore my son with special needs had to change ALTCS providers. He had been on a specific medication (Robinul) for inability to handle his own large amount of saliva. He has been on this medication for at least the past 6-8 years. Our new ALTCS health plan denied coverage, stating this medication not on their formulary. A prior authorization was completed by his primary care physician and the prescription was still denied -- because a specialty doctor, not a PCP, needed to do the prior authorization. Our former ALTCS plan covered this medication without prior authorization. My son has now been without the Robinul for about 3 weeks. He is choking often and frequently is being sent home from school due to choking on his saliva, then vomiting. Why isn't there a standard formulary for all AHCCCS/ALTCS plans, so families and children do not have these problems. Or, at the very least, why isn't the new ALTCS plan required to cover medication during a transition until you have time to establish new doctors? I was told that I need to file a grievance to do anything else. This is also happening to my daughter as well -- her nutritional	

		supplements that were covered by her former ALTCS plan are now being denied by the new plan. **Barriers** • Different Formularies among health plans (AHCCCS) • Reorganized designated representatives at AHCCS for DD/ALTCS • Transition of care • Parents need information about transition process • System/interagency communication **Data Needs** • Why AHCCCS allows policy • Transition of care policy (90 days)-training" **Desired Solution/Outcome** • Standard formularies • Transition notification and process in timely way with everyone trained • Identified people to go to • Parents education on issues-manual for health plans (ALTCS, DD) **Case Study #3: Transition to KidsCare/AHCCCS** Mom called -- she has a 16 year-old daughter with asthma and scoliosis. Mom changed jobs and new employer's health plan refuses to cover daughter because of a pre-existing condition (scoliosis). Her salary level makes her daughter eligible for KidsCare. But, there's a AHCCCS requirement that there be a six-month gap without insurance before the child can be eligible. Mom is concerned that, since daughter is learning to drive, that lack of insurance is a bad idea. What are her options? **Barriers** • Money for health care availability • "Go bare"- 3 months	

		• Parent information/advocacy should be happening • Eligibility staff training regarding "go bare" paid exceptions • Cost of private insurance **Data Needs** • 211/Health-e application: alternate insurance • Kids Care-if denied by private what's "go bare" policy regarding transition? • Preexisting conditions/ denial regarding HIPAA? • Parent to talk to eligibility people at Kids Care and AHCCCS • ID agency people regarding specific "go bare" **Desired Solution/Outcome** Exception/contract for "go bare" paid Wrap-around Medicaid buy-in Parent advocate and training by RSK/F2F, etc **Case Study #4: ALTCS Eligibility Determination Process** Family moved to AZ from a neighboring state. Teen has Down syndrome, and had received long term care services from former state including attendant care and respite. Now, mom is applying for ALTCS services. She submitted documents from former state DD dept. and diagnosis of Down syndrome from child's physician. DDD is now holding the application, requiring a "current psychological evaluation" before allowing the application to proceed to AHCCCS for functional eligibility determination via the in-home visit and PAS. Cost for a psychological evaluation is $500 (cost prohibitive for family). PCP's referral to RBHA for a psychological eval declined by plan -- no behavioral health issues. Teen graduated from high school in former state, so LEA in AZ declined to do evaluation. **Barriers** • DDD requirement- "current psychological evaluation"? • Burden of proof for diagnosis	

		• Lack of interstate transition process • DDD + AHCCCS →ALTCS (with four diagnosis) • Pervasiveness **Data Needs** • Arizona, DDD why four Diagnosis? • Why "current psychological evaluation"? • What is current? • Presumptive eligibility (Linda Skinner) for Medicaid? **Desired Solution/Outcome** • Lessen "Burden of proof" for diagnosis so that child evaluated LTC? • Remove current psych evaluation • Exceptions	
Next Meeting		**Thursday, January 25, 2007 10am-12pm ADHS Bldg.; Room** 345A	